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2352 7590 04/19/2004

OSTROLENK FABER GERB & SOFFEN  
 1180 AVENUE OF THE AMERICAS  
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Klaus P. Stoffel	(Depositor's name)
<i>[Signature]</i>	(Signature)
June 8, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/629,607	07/31/2000	Andrea Lukas	<del>4180-86</del> P/4321-5	4272

TITLE OF INVENTION: ACCESSORIES MOUNT FOR AN ELECTRIC TOOTHBRUSH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	07/19/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SPISICH, MARK	1744	015-022100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2 \_\_\_\_\_

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

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Rowenta-Werke GmbH

Germany

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0700 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Klaus P. Stoffel

June 8, 2004

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06/16/2004 ZJUHR2 00000016 09629607

01 FC:1501  
 02 FC:8001

1330.00 OP  
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